CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NU
MAILINGADDRESS CERT	ANTHONY	FRANCIS	
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL
1 Office Amoney or Court		A Cabadala Cama	
1. Office, Agency, or Court Name of Office, Agency, or Court:		4. Schedule Summary	
		Total number of pages including this cover pages	1e:
Division, Board, District, if applicable:		→ Check applicable sched	
Your Position:		I have disclosed interests on one or more of the	
ACTINE DIRECTOR		attached schedules:	
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)		Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)	
Agency:		Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)	
Position:		Schedule B Yes – schedule attached Real Property	
		Schedule C Tyes -	schedule attached
2. Jurisdiction of Office (Checostate) State	k at least one box)	Income, Loans, & Business and Travel Payments)	
County of		Schedule D Yes – schedule attached Income – Gifts Schedule E Yes – schedule attached Income – Travel Payments	
City of			
Multi-County			
Other		-0	
3. Type of Statement (Check at least one box)		No reportable interests on any schedule	
☐ Assuming Office/Initial Date: _			
Annual: The period covered is January 1, 2007, through December 31, 2007.		5. Verification	
		I have used all reasonable diligence in preparing statement. I have reviewed this statement and to the	
-Or-		my knowledge the informati	
O The period covered is, through December 31, 2007.		attached schedules is true and complete.	
Leaving Office Date Left: 2 129108 (Check one)		I certify under penalty of perjury under the laws of the of California that the foregoing is true and correct	
O The period covered is January 1 date of leaving office.	, 2007, through the	Date Signed M/M/M/	13200
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O The period covered is, through the date of leaving office.		Signature .	
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